

# VIETNAM Battlefield Tours

## Tour Registration Form

NAME OF TOUR: \_\_\_\_\_ DATE OF TOUR: \_\_\_\_\_ to \_\_\_\_\_

**Participant #1 Info:** (Name EXACTLY as it appears on your passport)

Mr. Mrs. Ms. Miss. (circle one)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Home Address (Required): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**PASSPORT INFORMATION (as it appears in your passport)**

Passport Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of Birth (State): \_\_\_\_\_ Age at time of tour: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Nam Vet: Yes  No  Unit(s) served with: \_\_\_\_\_ Dates: \_\_\_\_\_

Special Requests: (Dietary, Seating, etc) \_\_\_\_\_

**Participant #2 Info:** (Name EXACTLY as it appears on your passport)

Mr. Mrs. Ms. Miss. (circle one)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

**Check if Address Information same as Participant #1**

Home Address (Required):

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**PASSPORT INFORMATION (as it appears in your passport)**

Passport Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of Birth (State): \_\_\_\_\_ Age at time of tour: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Nam Vet: Yes  No  Unit(s) served with: \_\_\_\_\_ Dates: \_\_\_\_\_

Special Requests: (Dietary, Seating, etc) \_\_\_\_\_

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## Tour Registration Form - Page 2

Have you traveled with us before (if so, tour and date): \_\_\_\_\_

Traveling with Friends (please give us their names.) \_\_\_\_\_

**Health** - Please be sure to fill out, sign & return to us the **Medical Disclosures Form** and the **Release of Claims Form**.

**Hotel Accommodations:** Check Appropriate Blocks:

Smoking Room    Non-Smoking Room    King/Queen/Double Bed    Twin Beds

**Single Traveler:**

I am willing to share a room: **Yes**    **No**     I wish to room alone and will pay for a single room.

**(NOTE: If we are unable to match you with a roommate, the single supplement will apply.)**

	Pricing	# of Passengers	Deposit Amount	Sub-Totals
Main Tour			X \$500.00	
Post Tour / Options			X \$100.00	
Post Tour / Options			X \$100.00	
		<b>Totals:</b>		

**NOTE:** Payment may be made by check or money order. Deposit of \$500.00 per person is refundable until 120 Days prior to the tour date. Final payment is due 120 days prior to date of departure.

We strongly suggest that you make a copy of form for your records.

I have read and agree to abide by the Terms and Conditions as outlined in this form without exception:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail all forms and payment to:

**VIETNAM Battlefield Tours**

**5150 Broadway St. #473**

**San Antonio, TX 78209-5701**

**Contact Us:**

Phone: 210-568-9500 or 877-231-9277 (toll free)

E-Mail: [info@VietnamBattlefieldTours.com](mailto:info@VietnamBattlefieldTours.com) or on the web at: [www.vietnambattlefieldtours.com](http://www.vietnambattlefieldtours.com)